

UNITED STATES DISTRICT COURT  
DISTRICT OF NEW JERSEY

**KIMBERLEE WILLIAMS, *et al.***

Plaintiffs,

vs.

**BASF CATALYSTS LLC, *et al.***

Defendants.

No. 2:11-cv-01754 (ES) (JAD)

CIVIL ACTION

**Special Master Recommendation**

**Re: Court Administrative Procedure on Claim Submissions  
involving deceased Primary Claimants**

Pursuant to the Settlement Trustee's administrative powers under Section 10 of the Plan of Distribution (POD)<sup>1</sup> and the authority granted to her as a Special Master by the Court regarding the fair, efficient and orderly administration of the Settlement Fund and POD, the Settlement Trustee has determined good cause exists for a Court Approved Procedure ("CAP") modifying the current POD's requirement that only the personal representative of an estate of a deceased Injured Person may make a Claim Submission for Parts B and C benefits. The Special Master has received information that in many cases a deceased injured person does not have a personal representative because an estate was never opened, the estate was closed due to completion of administration, or the personal representative has died or cannot be located (any of such circumstances being referred to herein as an "**Unavailable Estate**"). There are also many surrogate and equivalent probate clerk's offices around the country closed or difficult to access due to the pandemic.

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<sup>1</sup> All Capitalized word or terms shall have the same meaning as defined in the Plan of Distribution and/or the Settlement Agreement.

In view of these circumstances and logistical difficulties this Recommendation is being ordered and entered of record establishing a CAP amending the Plan of Distribution which authorizes and permits a “Limited Purpose Representative” as described below to make Claims Submissions on behalf of deceased Injured Persons in Unavailable Estate situations. Where there is an available personal representative the Claims Submission shall be made only by the personal representative of the Estate.

On proof to the Claims Administrator through a competent affidavit on the Administration Form provided for this purpose that an Unavailable Estate situation exists concerning a deceased Injured Person, any person recognized as an intestate heir under the laws of the state in which the Injured Person was domiciled at time of death (as determined from the deceased’s death certificate unless for good reason a death certificate is not available, then from a sworn statement of last known domicile) shall be eligible to become a Limited Purpose Representative authorized to file claims to the Settlement Fund for the deceased Injured Person and derivatives by following the procedures in this CAP. If a claim submitted by a Limited Purpose Representative is eventually approved and Settlement Fund benefits are awarded by the Settlement Administrator, the Settlement Fund shall not distribute any monies awarded on the claim until the Settlement Administrator is presented with letters of testamentary or of administration of the duly appointed personal representative of the Injured Person’s estate, who shall then receive distribution of the claim proceeds on behalf of the estate.

To be appointed a Limited Purpose Representative, the intestate heir or their counsel, must before the Claims Deadline complete and submit to the Claims Administrator the form attached as Exhibit A and if available attaching a copy of the deceased Primary Claimant’s death certificate.

Entered: December 16, 2020.

  

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HON. MARINA CORODEMUS (Ret.)

Special Master

Exhibit A

## Representative Claimant for Unavailable Estate

### Section A. Injured Person Information

First Name	Middle Initial	Last Name
Social Security Number	Date of Birth	Date of Death
State/Territory at time of Death	Country at time of Death	

### Section B. Testate Injured Person

Did the Injured Person have a valid will? ☐ yes ☐ no ☐ unsure  
*If there was no valid will, proceed to Section C.*

Is a copy of the Will attached to this form? ☐ yes ☐ no

Was the Will submitted for probate proceedings? ☐ yes ☐ no  
**Note:** *If an executor(trix) (personal representative) has been appointed, submit a copy of such appointment document along with this Form.*

If the person named in the Will as the Personal Representative or Executor(trix) has either died, can no longer act or cannot be located, please explain the circumstances below. **Note:** *If another person is currently serving, please provide their information in **Section D**.*

### Section C. Intestate Injured Person

Complete this Section if the Injured Person had no valid Will at the time of death.

Select one of the following:

☐ A Personal Representative has been appointed for the estate of the Injured Person. **Note:** *If a Personal Representative has been appointed, submit a copy of such appointment document along with this Form.*

☐ Estate proceedings have been filed but no Personal Representative has been appointed for the estate of the Injured Person.

☐ No Personal Representative has been appointed for the estate of the Injured Person and no estate proceedings have been filed.

☐ A Personal Representative has been appointed for the estate of the Injured Person but has either died, can no longer act or cannot be located. (Please explain the circumstances in the space below).

Identify below the state, territory or country in which the Injured Person died and if that state, territory or country does not govern the administration of his or her estate, please also identify the state, territory or country whose law governs the administration of the estate:			
Please list all known heirs below. <b>Note:</b> <i>If there was no surviving spouse at the time of the Injured Person's death, or if under applicable law the surviving spouse is not the first to succeed to the estate, identify the person(s) who are the next to succeed in <b>Section D</b>. (Attach additional sheets if necessary).</i>			
<b>Section D: Representative Claimant Information</b>			
First Name	Middle Initial	Last Name	
Street	City		State
Zip		Country	
Date of Birth		Social Security Number	
Relationship to Injured Person: <input type="checkbox"/> Spouse <input type="checkbox"/> Parent <input type="checkbox"/> Child <input type="checkbox"/> Sibling <input type="checkbox"/> Administrator <input type="checkbox"/> Executor <input type="checkbox"/> Other (Please Specify) _____			

### Certification

- ☐ I am counsel for the Primary Claimant. I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.
- ☐ The Primary Claimant is not represented by counsel. I am authorized to complete this form on behalf of the Primary Claimant and declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

**Signature:**

**Signature Date:**

**Print Name:**